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CONFIRMATION NO. 5554

<b>SERIAL NUMBER</b> 10/566,366	<b>FILING or 371(c) DATE</b> 07/10/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> P70978US0		
<b>APPLICANTS</b> Matthias Kraemer, Bad Homburg, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/08650 08/02/2004 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 39 342.0 08/25/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/08/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PHILIP R WIEST/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON, DC 20004 UNITED STATES						
<b>TITLE</b> Blood treatment device						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			